PTO/SB/17 (10-08)

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	Chack the hapernort recaded in for or 1000, no porcon are required to				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Application Number 10/089,696-				3	
						July 24, 2002			
						Yukoh HIEI			
For FY 2009				Examiner Name J		J. Hwu			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 10		1661			
TOTAL AMOUNT OF PAYMENT		(\$) 490.00	(\$) 490.00		Attorney Docket No. 07				
METHOD OF	PAYMENT (check	all that apply)							
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the a	above-identified depo	sit account, the Di	irector is	hereby authorize	ed to: (chec	k all that apply)			
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
	arge any additional f e(s) under 37 CFR 1.		ments of	x Credit	any overpa	ayments			
FEE CALCUL	` '	To and 1.17							
	G, SEARCH, AND E	XAMINATION FEE	-s						
	FILING FEES SE				EXAMIN	IATION FEES			
Application Ty	pe Fee (\$	Small Entity	E00 (\$)	Small Entity	Foc (\$)	Small Entity	Eoos	Paid (\$)	
Utility	330	<u>Fee (\$)</u> 165	Fee (\$) 540	Fee (\$) 270	Fee (\$) 220	<u>Fee (\$)</u> 110	rees	Faiu (\$)	
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85		· · · · · · · · · · · · · · · · · · ·	
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLA			ŭ		Ü	Ü		Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							52	26	
-	nt claim over 3 (incl	uding Reissues)					220	110	
Multiple depend	ent claims						390	195	
Total Claims	Extra Claims	Fee (\$)	Fe	e Paid (\$)		ultiple Depend		-	
	per of total claims paid for	if greater than 20			<u>Fe</u>	<u>e (\$)</u>	Fee Paid (<u>\$)</u>	
Indep. Claims	Extra Claims	_	Fe	e Paid (\$)					
	3 or HP =	x =		c r ara (v)					
	er of independent claims	paid for, if greater than	n 3.						
3. APPLICATION	N SIZE FEE								
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	er 37 CFR 1.52(e)),				or small er	ntity) for each a	dditional 5	50	
	ction thereof. See 3						_	D : 1 (A)	
Total Sheets				dditional 50 or frac				Paid (\$)	
4. OTHER FEE(S	100 =			(round up to a who	ne number)	×	=	: Daid (¢)	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1252 Extension for response within second month 490.00									
	ming surcharge).	. IZOZ EXIONOLO	101 103	POLICO MICINI S					
SUBMITTED BY	61+1	thur	1	Registration No.	00.077	T-11	(700) 0	DE 0000	
Signature	Kler L/4	Les 2/2 101 (A			28,977	Telephone	- ` `	05-8000	
Name (Print/Type)	Gerald M. Murphy			Date	June 8	3, 2009			



